EXHIBIT B

Mrs. Florence Roth 107 Village Clubhouse Circle Jupiter, Florida 33458 January 14, 2009

Phone: 631 379-7289

Irving Picard, Esq.

Trustee for Bernard L. Madoff Investment Securities LLC

Claims Processing Center

2100 McKinney Ave. Suite 800

Dallas, TX 75201

Re: Florence Roth

Account # 1R0047

Dear Sir.

I am basing my claim on the enclosed statements from the last year as of 11/30/08. The amount of \$620500.27 is on my last statement.

I am hoping to receive the full amount of protection under SIPA.

I am retired and have been totally wiped out of my life savings and I am desperate to receive the compensation as soon as possible so I can avert bankruptcy.

Thank you for any help you can give me.

Sincerely,

Florence Roth

flui Roth

Filed 06/17/10 Entered 06/17/10 16:04:34 Pg 3 of 13

REDACTED

CUSTOMER CLAIM

Claim Number	
Date Received	_

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Irving H. Picard, Esq. Trustee for Bernard L. Madoff Investment Securities LLC Claims Processing Center 2100 McKinney Ave., Suite 800 Dallas, TX 75201

Provide your office and home telephone no
OFFICE:
HOME: 63/379-7289
Taxpayer I.D. Number (Social Security No.)

BANKANINI BANKAN

Account Number: FLORENCE ROTH 107 VILLAGE CLUBHOUSE CIRCLE JUPITER, FL 33458

(If incorrect, please change)

NOTE:

BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

Claim for money balances as of December 11, 2008: 1.

- The Broker owes me a Credit (Cr.) Balance of
- I owe the Broker a Debit (Dr.) Balance of

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		If you wish to make a payment, it must be with this claim form.	enclos	sed \$ <u></u>	
	d.	If balance is zero, insert "None."		<u> Mon</u>	<u>e</u>
2.	Clair	n for securities as of December 11, 2008:			
PLEASE	DO I	NOT CLAIM ANY SECURITIES YOU HAVI	E IN YO	UR POSSE	SSION.
			YES	<u> </u>	NO
;	a.	The Broker owes me securities	<u>ye</u>	<u>s</u>	
!	b.	I owe the Broker securities			NO
ij	C.	If yes to either, please list below:			
<u> </u>	See D	Enclosed Statements ated 11/30/08		Number o Face Amou	f Shares or nt of Bonds
Date of Transaction (trade date		Name of Security		he Broker Iwes Me (Long)	I Owe the Broker (Short)
		Please See Enclosed Stat	eme <u>n</u>	<u>ts</u>	
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information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		NO
4,	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		NO
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		<u>No</u>
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	***************************************	<u> </u>
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		<u> No</u>
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		<u>NO</u>

9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if
	so, give name of that broker.
	Please list the full name and address of anyone assisting you in the preparation of this claim form:
	nnot compute the amount of your claim, you may file an estimated claim. In that ase indicate your claim is an estimated claim.
CONVIC	VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. TION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR DINMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.
	REGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY ATION AND BELIEF.
Date	1/14/09 Signature flume Roth
Date	Signature
address, than a pe	ship of the account is shared, all must sign above. Give each owner's name, phone number, and extent of ownership on a signed separate sheet. If other ersonal account, e.g., corporate, trustee, custodian, etc., also state your capacity ority. Please supply the trust agreement or other proof of authority.)

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

MADE INVESTMENT SECURITIES LLC New York London FLORENCE ROTH 107 VILLAGE CLUBHOUS; JUPITER	.		New York, NY 10022 (212) 230-2424 800 334-1343 Fax (212) 838-4061		11/30/08 (COUNTY OF SYNCHINGS OF STATES OF ST	Mayfair, London W.J. 8DT Tel 020 7493 6222 Tel 020 7499 6222
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PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES

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